Form-224	APPLICATION FO Under the Controlled	R REGISTRATION Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224 (10-06) Previous editions are obsolete					
INSTRUCTIONS	Save time - apply on-line at www. 1. To apply by mail complete this application. Kee 2. Print clearly, using black or blue ink, or use a ty 3. Mail this form to the address provided in Section 4. Include the correct payment amount. FEE IS N 5. If you have any questions call 800-882-9539 pri	p a copy for your records. pewriter. n 7 or use enclosed envelope. ON-REFUNDABLE. or to submitting your application.	DEA OFFICIAL USE : Do you have other DEA registration numbers? NO YES					
	IMPORTANT: DO NOT SEND THIS APPLICATIO		FEE FOR THREE (3) YEARS IS \$551					
MAIL-TO ADDRESS	Please print mailing address changes to the	right of the address in this box.	FEE IS NON-REFUNDABLE					
Name 1 (La	st Name of individual -OR- Business or Facility N	Name)						
Name 2 (Fi	rst Name and Middle Name of individual - OR- C	ontinuation of business name)						
Street Address L	ine 1 (if applying for fee exemption, this must be	address of the fee exempt institution	on)					
Address Line 2								
City			State Zip Code					
City			State Zip Code					
Business Phone	Number Point of Contact							
Business Fax Nu	ımber Email Address							
DEBT COLLECTION INFORMATION	Social Security Number (if registration is for indiv		k Identification Number (if registration is for business)					
Mandatory pursuant to Debt Collection Improvements Act		Provide SSN or TIN. See additional information note #3 on page 4.						
	Professional Professional School :		Year of Graduation :					
FOR Practitioner	Degree: School: select from list only		Graddallori .					
or MLP	National Provider Identification:	Da	ate of Birth (MM-DD-YYYY):					
ONLY:		M	M D D - Y Y Y Y					
050510110								
SECTION 2 BUSINESS ACTIVITY	Central Fill Pharmacy	Practitioner (DDS, DMD, DO, DPM, DVM, N	MD or PHD) Ambulance Service					
Check one	Retail Pharmacy	Practitioner Military (DDS, DMD, DO, DPM, DVM,M	ID or PHD) Animal Shelter					
business activity box only	Nursing Home	Mid-level Practitioner (MLP) (DOM, HMD, MP, ND, NP, OD,) PA. or RPH)					
	☐ Automated Dispensing System	Euthanasia Technician	Teaching Institution					
FOR Automated Dispen (ADS) ONLY:			An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notorized affidavit.					
SECTION 3	Schedule II Narcotic	Schedule III Narcotic	Schedule IV					
DRUG SCHEDULES Check all that apply	Schedule II Non-Narcotic	Schedule III Non-Narcotic	Schedule V					
Check this box if you require official order forms - for purchase or transfer of schedule 2 narcotic and/or schedule 2 non-narcotic controlled substances. NEW - Page 1								

SECTION 4 STATE LICENSE(S)	You MUST be currently authorized to prescribe, distribute, dispense, conduct research, or other in the schedules for which you are applying under the laws of the state or jurisdiction in which you	ou are operating or propose to operate.	
Be sure to include both state license numbers	State License Number (required)	Expiration / / Date (required)	
if applicable	What state was this license issued in?	(required) MM - DD - YYYY	
	State Controlled Substance License Number (if required)	Expiration / /	
	What state was this license issued in?	MM - DD - YYYY	
SECTION 5		YES NO	
LIABILITY	as the applicant ever been convicted of a crime in connection with controlled substance(s) under is any such action pending?	state or federal law,	
IMPORTANT	ate(s) of incident MM-DD-YYYY: as the applicant ever surrendered (for cause) or had a federal controlled substance registration re	voked suspended	
All questions in retains section must	estricted, or denied, or is any such action pending? ate(s) of incident MM-DD-YYYY:		
3. H	as the applicant ever surrendered (for cause) or had a state professional license or controlled subevoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	stance registration YES NO	
	ate(s) of incident MM-DD-YYYY:	YES NO	
re	the applicant is a corporation (other than a corporation whose stock is owned and traded by the artnership, or pharmacy, has any officer, partner, stockholder, or proprietor been c onvicted of a crontrolled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal gistration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substances, suspended, restricted or placed on probation, or is any such action pe	rolled substance	
D	ate(s) of incident MM-DD-YYYYY: Note: If question 4 does not It will slow down processing	apply to you, be sure to mark 'NO'. of your application if you leave it blank.	
EXPLANATION OF "YES" ANSWERS	Liability question # Location(s) of incident:		
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain each "YES" answer.	Nature of incident:		
Use this space or attach a separate sheet and			
return with application	Disposition of incident:		
return with application SECTION 6 EXE	MPTION FROM APPLICATION FEE	v to contractor operated institutions	
SECTION 6 EXEM	·	•	
SECTION 6 EXEM	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or institution. Does not appl	•	
SECTION 6 EXEM	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or institution. Does not appl	tion in Section 1.	
SECTION 6 EXEM	this box if the applicant is a federal, state, or local government official or institution. Does not applied to Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee.	tion in Section 1.	
SECTION 6 EXEMPT CERTIFIER	this box if the applicant is a federal, state, or local government official or institution. Does not applied a Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government.	tion in Section 1.	
SECTION 6 EXEMPT	this box if the applicant is a federal, state, or local government official or institution. Does not applied a possible of Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date	tion in Section 1.	
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FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT	this box if the applicant is a federal, state, or local government official or institution. Does not applied a possible or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Make check payable to: Drug Enforcement Administration	tion in Section 1. Pernment official or institution, hone No. (required for verification) Mail this form with payment to:	
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF	this box if the applicant is a federal, state, or local government official or institution. Does not applied a possible of Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.	tion in Section 1. Pernment official or institution, hone No. (required for verification) Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083	
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FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by	MPTION FROM APPLICATION FEE this box if the applicant is a federal, state, or local government official or institution. Does not applicant processing the process of the process of the second institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date	hone No. (required for verification) Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083	
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S	this box if the applicant is a federal, state, or local government official or institution. Does not applied the proof of Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Date Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder	hone No. (required for verification) Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083	
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	this box if the applicant is a federal, state, or local government official or institution. Does not applied a Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct.	hone No. (required for verification) Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083	
FEE EXEMPT CERTIFIER Provide the name and phone number of the certifying official SECTION 7 METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S SIGNATURE	this box if the applicant is a federal, state, or local government official or institution. Does not applied a possible of Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of the application fee. Signature of certifying official (other than applicant) Print or type name and title of certifying official Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct.	tion in Section 1. Pernment official or institution, Thone No. (required for verification) Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083 FEE IS NON-REFUNDABLE	

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SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. A physical address is required in address line 1; a post office box or continuation of address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution.

Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

The email address, point of contact, national provider id, date of birth, year graduated, and professional school are new data items that are in the process of OMB approval and will soon be mandatory. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements.

Practitioner must enter one degree from this list: DDS, DMD, DO, DPM, DVM, MD, or PHD. Mid-level practitioner must enter one degree from this list: DOM, HMD, MP, ND, NP, OD, PA, or RPH.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioner or mid-level practitioner must enter the degree conferred, and are requested to enter the last professional school of matriculation and the year graduated.

ADS must provide current DEA registration number of parent retail pharmacy or hospital, and attach a **notarized** affidavit in accordance with 21 CFR Part 1301.17. Affidavit must include:

- 1) Name of parent retail pharmacy or hospital and complete address
- 2) Name of Long-term Care (LTC) facility and complete address
- 3) Permit or license number(s) and date issued of State certification to operate ADS at named LTC facility
- 4) Required statement:

This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 USC 8224a). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 USC 843).

- 5) Name of corporation operating the retail pharmacy or hospital
- 6) Name and title of corporate officer signing affidavit
- 7) Signature of authorized officer

SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration. The following list of drug codes are examples of controlled substances for schedules 2, 3, 4, and 5. Refer to the CFR for a complete list of basic classes.

			our protect		
SCHEDULE 2 NARCOTIC	BASIC	SCHEDULE 3 NARCOTIC	BASIC	SCHEDULE 4	BASIC CLASS
Alphaprodine (Nisentil) 9010		Buprenorphine (Buprenex, Temgesic, Subutex)		Alprazolam (Xanax)	2882
Anileridine (Leritine) 902		Codeine combo product 90mg/du (Empirin)		Barbital (Veronal, Plexonal, Barbitone)	2145
Cocaine (Methyl Benzoylecgonine) 904		Dihydrocodeine combo prod 90mg/du (Compa	9804 al) 9807	Chloral Hydrate (Noctec)	2465
Codeine (Morphine methyl ester) 9050		Ethylmorphine combo product 15 mg/du	9808	Chlordiazepoxide (Librium, Libritabs)	2744
Dextropropoxyphene, bulk 9273		Hydrocodone combo product (Lorcet, Vicodin)		Clorazepate (Tranxene)	2768
Diphenoxylate 9170		Morphine combo product 50 mg/100 ml or gm		Dextropropoxyphene du (Darvon)	9278
Diprenorphine (M50-50) 9058		Opium combo product 25 mg/du (Paregoric)	9810 9809	Diazepam (Valium, Diastat)	2765
Ethylmorpine (Dionin)	9190	opioni come process as migrate (consignor)		Diethylpropion (Tenuate, Tepanil)	1610
Etorphine HCL (M-99)	9059	SCHEDULE 3 NON-NARCOTIC	BASIC	Difenoxin 1 mg/25ug ATSO4/du (Motofen)	9167
Glutethimide (Doriden, Dorimide)	2550		CLASS	Fenfluramine (Pondimin, Dexfenfluramine)	1670
Hydrocodone (Dihydrocodeinone)	9193	Anabolic Steroids	4000	Flurazepam (Dalmane)	2767
Hydromorphone (Dilaudid)	9150	Benzphetamine (Didrex, Inapetyl)	1228	Halazepam (Paxipam)	2762
Levo-alphacetylmethadol (LAAM)	9648		100/2165	Lorazepam (Ativan)	2885
Levorphanol (Levo-Dromoran)	9220			Mazindol (Sanorex, Mazanor)	1605
Meperidine (Demerol, Mepergan)	9230	Dronabinol	7369	Mebutamate (Capla)	2800
Methadone (Dolophine, Methadose)	9250	in sesame oil w/soft gelatin capsule		Meprobamate (Miltown, Equanil)	2820
Morphine (MS Contin, Roxanol)	9300	Gamma Hydroxybutyric Acid preps (Zyrem)	2012	Methohexital (Brevital)	2264
Opium, powdered	9639	Ketamine (Ketaset)	7285	Methylphenobarbital (Mebaral)	2250
Opium, raw	9600	Methyprylon (Noludar)	2575	Midazolam (Versed)	2884
Oxycodone (Oxycontin, Percocet)	9143	Pontohodnital augmonitant du	2271	Oxazepam (Serax, Serenid-D)	2835
Oxymorphone (Numorphan) 9652		Pentobarbital suppository du & noncontrolled active ingred (FP-3, WANS)		Paraldehyde (Paral)	2585
Opium Poppy/ Poppy Straw	9650	a noncontrolled active ingred (PP-3, WAINS)		Pemoline (Cylert)	1530
Poppy Straw Concentrate	9670	Phendimetrazine (Plegine, Bontril, Statobex)	1615	Pentazocine (Talwin, Talacen)	9709
Thebaine	9333	Secobarbital suppository du	2316	Phenobarbital (Luminal, Donnatal)	2285
		& noncontrolled active ingredients	2310	Phentermine (Ionamin, Fastin, Zantryl)	1640
SCHEDULE 2 NON-NARCOTIC	BASIC	a noncontrolled active ingredients		Prazepam (Centrax)	2764
	CLASS	Thiopental (Pentothal) 2	100/2329	Quazepam (Doral)	2881
Amobarbital (Amytal, Tuinal)	2125	Vinbarbital (Delvinal) 2	100/2329	Temazepam (Restoril)	2925
Amphetamine (Dexedrine, Adderall)	1100			Triazolam (Halcion)	2887
Methamphetamine (Desoxyn)	1105			Zolpidem (Ambiem, Ivadal, Stilnox)	2783
Methylphenidate (Concerta, Ritalin)	1724	SCHEDULE 5	BASIC		22324
Pentobarbital (Nembutal)	2270		CLASS	SCHEDULE 5	BASIC
Phencyclidine	7471	Codeine Cough Preparation (Cosanyl, Pediac			CLASS
Phenmetrazine (Preludin)	1631	Difenoxin Preparation (Motofen)	9167	Diphenoxylate Preparation (Lomotil, Logen)	
Phenylacetone	8501	Dihydrocodeine Preparation (Cophene-S)	9120	Ethylmorphine Preparation	9190
Secobarbital (Seconal)	2315			Opium Preparation (Kapectolin PG)	9809
		NEW INST. Page 3			

- CONTINUED -

- SECTION 4. STATE LICENSE(S) Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application.
- SECTION 5. LIABILITY Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several of the questions, then you must provide a separate explanation describing the location, nature, and result of incident for each "Yes" answer. If additional space is required, you may attach a separate page.
- SECTION 6. EXEMPTION FROM APPLICATION FEE Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. The address of the fee exempt institution must appear in Section 1.
- SECTION 7. METHOD OF PAYMENT Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.
- SECTION 8. APPLICANT'S SIGNATURE Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to more two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions". You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

ADDITIONAL INFORMATION

- No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
- 2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
- The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identification Number and/or Social Security Number on this application. This number is required for debt collection procedures if your fee is not collectible.
- 4. PRIVACY ACT INFORMATION

AUTHORITY:

Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1966 (PL 104-134) for SSN and/or TIN

PURPOSE:

To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970 ROUTINE USES: The Controlled Substances Act registration system produces special reports as required for statistical

analytical purposes. Disclosures of information from this system are made to the following:

A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes

C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying registration

Failure to complete form will preclude processing of the application.

Your Local DEA Office

EFFECT:

WASHINGTON DC DIVISION OFFICE Techworld Plaza 800 K Street NW, Suite 500 WASHINGTON, DC 20001

District of Columbia (877)801-7974 (877)330-6670 Maryland Virginia (877)801-7974 West Virginia (877)330-6670

CONTACT INFORMATION

All offices are listed on web site (800, 877, and 888 are toll-free)

INTERNET:

www.deadiversion.usdoj.gov

TELEPHONE:

HQ Call Center (800)882-9539

WRITTEN INQUIRIES:

DEA

P.O. Box 28083

Washington, D.C. 20038-8083